

AOS #33 Delegation to Paramedics
(Revised 2/2005)

KENTUCKY BOARD OF NURSING
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ADVISORY OPINION STATEMENT

**ROLES OF NURSES IN THE DELEGATION OF
TASKS TO PARAMEDICS IN A HOSPITAL EMERGENCY DEPARTMENT**

Effective July 15, 2002, KRS 311A.170(5)(b) permits a paramedic to be employed by a hospital to work as a licensed paramedic in the emergency department of the hospital subject to specific conditions. One of the conditions states: "...A paramedic shall provide patient care services under the orders of a physician, physician assistant, advanced registered nurse practitioner, or as delegated by a registered nurse...."

The statutes governing paramedic practice may be obtained from the Kentucky Board of Emergency Medical Services, (KBEMS) 2545 Lawrenceburg Road, Frankfort, KY, 40601; telephone number 502-564-8963.

The Board of Nursing has received inquiries on the role of the registered nurse in the delegation of patient care services to paramedics in a hospital emergency department.

The Kentucky Board of Nursing is authorized by KRS Chapter 314 to regulate nurses, and nursing education and practice; to promulgate administrative regulations, and issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the public.

The Board has promulgated an administrative regulation, 201 KAR 20:400 governing the delegation of nursing tasks. (See Attachment) Although paramedics are licensed, when delegating pursuant to 311A.170 a nurse should be guided by the standards outlined in 201 KAR 20:400.

Kentucky Nursing Laws - KRS Chapter 314 and Administrative Regulations

KRS 314.021(2) holds all nurses responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

KRS 314.011(2) defines "delegation" as:

... Directing a competent person to perform a selected nursing activity or task in a selected situation under the nurse's supervision and pursuant to administrative regulations promulgated by the board in accordance with the provisions of KRS Chapter 13A.

KRS 314.031(1) states: "It shall be unlawful for any person to call or hold himself out as or use the title of nurse or to practice or offer to practice as a nurse unless licensed under the provisions of this chapter."

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm;
- b) The maintenance of health or prevention of illness of others;
- c) The administration of medication and treatment as prescribed by physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
 - 1. Preparing and giving medications in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
 - 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
 - 3. Intervening when emergency care is required as a result of drug therapy;
 - 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
 - 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
 - 6. Instructing an individual regarding medications;
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

Advisory Opinions

It is the opinion of the Board that:

Based upon the statutes governing registered nursing practice, the focus of registered nursing practice is on the application of substantial specialized knowledge, judgment and nursing skill in the assessment, planning, implementation and evaluation of nursing care. Therefore, the registered nurse, prior to delegating a task, is responsible and accountable for:

- (1) Determining the nursing care needs of the client. The nurse retains responsibility and accountability for the nursing care of the client, including nursing assessment, planning, evaluation and assuring documentation;
- (2) Determining that the task to be delegated is consistent with the facilities policies, and
- (3) Following written policies and procedures of the health care facilities that are consistent with KRS Chapters 314 and 311A.170.

Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

Triage by Paramedics

Inquiries were received requesting an opinion on the application of 201 KAR 20:400 (Delegation of nursing tasks) to the performance of triage by paramedics in a hospital setting.

The following sections of the Kentucky Administrative Regulations (KAR) and Kentucky Revised Statutes (KRS) apply to this question:

- **201 KAR 20:400. Delegation of nursing tasks.**

Section 2. Nurse's Responsibility in Delegation.

(2) A registered nurse may delegate a task to a paramedic employed in a hospital emergency department in accordance with KRS 311A.170 and Sections 3 and 4 of this administrative regulation.

(3) Prior to delegating a nursing task, the nurse shall determine the nursing care needs of the client. The nurse shall retain responsibility and accountability for the nursing care of the client, including nursing assessment, planning, evaluation and assuring documentation.

- **KRS 311A.170(5)** Any provision of this chapter other than this section relating to the requirement for additional training, requirement for skill examination, or approval of standing orders, protocols, or medical procedures to the contrary notwithstanding, a paramedic may be employed by a hospital to work as a licensed paramedic in the emergency department of the hospital subject to the following conditions:

(a) The hospital in collaboration with the medical staff shall provide operating procedures and policies under which the paramedic shall operate consistent with the paramedic's scope of practice;

(b) A paramedic shall provide patient care services under the orders of a physician, physician assistant, advanced registered nurse practitioner, or as delegated by a registered nurse;

(c) Subject to the provisions relating to the scope of practice of a paramedic, a hospital may require a paramedic to take additional training on any subject or skill which the paramedic may be required to perform in a hospital and demonstrate competency in the skill or subject to a competent evaluator; and

(d) The paramedic does not violate the provisions of KRS 311A.175 or any other statute or administrative regulation relating to a paramedic. No provision of this section shall prevent a paramedic from being employed in any other section of the hospital where the paramedic's job duties do not require certification or licensure by the board and do not otherwise constitute the unlawful practice of medicine.

- **902 KAR 20:016. Hospitals; operations and services.**

Section 4(8) Emergency services.

(a) A hospital shall develop written procedures for emergency patient care, including a requirement for:

1. Each patient requesting emergency care to be evaluated by a registered nurse;
2. At least one (1) registered nurse on duty to perform patient evaluation; and
3. A physician to be on call.

(b) A patient that presents to the hospital requesting emergency services shall be triaged by a registered nurse or paramedic acting within his statutory scope of practice, and in accordance with the hospital's formal operating policies and procedures.

(c) The medical staff of a hospital within an organized emergency department of service shall establish and maintain a manual of policy and procedures for emergency and nursing care provided in the emergency room.

1. The emergency service shall be under the direction of a licensed physician. Medical staff members shall be available at all times for the emergency service, either on duty or on call. Current schedules and telephone numbers shall be posted in the emergency room.
2. Nursing personnel shall be assigned to, or designated to cover, the emergency service at all times.

In addition, the Board noted that the term “**triage**” has been defined to mean:

“... a process in which a group of patients is sorted according to their need for care. The kind of illness or injury, the severity of the problem, and the facilities available govern the process.” (Mosby’s Medical, Nursing and Allied Health Dictionary, Fourth Edition)

Following discussion of these statutes and administrative regulations the Board advised that the process of triage by a paramedic falls under the provisions of KRS 311A.170(5)(a) and 902 KAR 20:016 Section 4(8)(b). This activity should be delineated in the established policies and procedures of the emergency department. Since the performance of triage is within the scope of paramedic practice and is permitted under 902 KAR 20:016 Section 4(8)(b), it is an act that may be performed under the supervision of a registered nurse, but is not an act that is delegated by the nurse. Further, a nurse is not required to meet the criteria in 201 KAR 20:400 Section 2(3) prior to a paramedic providing triage. It was the opinion of the Board that triage, as performed by a paramedic, does not meet the requirements of 201 KAR 20:400 Section 2(3) and 902 KAR 20:016 Section 4(8)(a)1 and 2.

Determining Scope of Practice

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. In addition to this advisory opinion statement, the Kentucky Board of Nursing has published "Scope of Practice Determination Guidelines" which contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the guidelines may be purchased from the Kentucky Board of Nursing office or downloaded from the KBN website at <http://kbn.ky.gov>

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. An opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guidepost to licensees who wish to engage in safe nursing practice.

Approved: 2/03
Revised: 2/05